Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND 05626

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05621 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) e. COUNTY necessary, ector, Page director. Page or your files. b. COUNTY Caroline Washington Unknown MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Board of L write RURAL and give nearest lown) Unknown Near Denton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Route 404 Unknown retained ne State E YES NO 3. NAME OF Middle 4. DATE Month DECEASED the DEATH 1962 Transporting n Robert Cousins 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED with 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 2 wit last birthdey) Months age 5 ma l and 2 v 72 hour WIDOWED DIVORCED [Male 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) 24 ho. Hoosey, Kansas U.S.A. Air Force Base within w Give Pag 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cynthia A. White John L. Cousins File form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror detes of service) 509-300-723 Air Force Base, Dover, Delaware pencil in Item 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN a along ONSET AND DEATH Compound Fracture skull, right frontal area PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) certificate should be Office burial-t Compound fracture right tibia gave rise to immediate cause Multiple Internal Injuries death instantaneous DUE TO SE (e), steting the underlying Examiner nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? Word 99 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18,) PRIMARY OF CONTRIBUTING Head-on auto collision Chief 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While of work of work TRural. Rt near Denton Caroline Md 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion 0 Ö xecute the cand to de forwarded to a L DIRECTO Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER TO 25,1962 E. Paul Knotts, MD NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) Dover, Delaware 240 g 23 FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME N dreenslow, md. DATMAY 2 8 '62 arthur & Kraus 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2, USUAL RESIDENCE (Where daceasad lived, If institution: Residence before edmission) e. COUNTY b. COUNTY in pencil in the 18. (1972) and 30 in the funeral director. Page 19. (2) and 30 in the funeral director. Page 5 fine along with form PM3. Page 5 may be retained for your files, ourial-transit permit. File pages, 1 and 2 with the State Board of Health, lovel, and in any event within 72 hours after death. Caroline lay is necessary. Maryland MARYLAND Caroline b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Greensboro Rural Goldsboro d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO None None 3. NAME OF First Middle 4. DATE Month DECEASED OF (Type or print) DEATH 1962 Charles L. Hicks 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months Male WIDOWED DIVORCED Col Apri YES. 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it refired)

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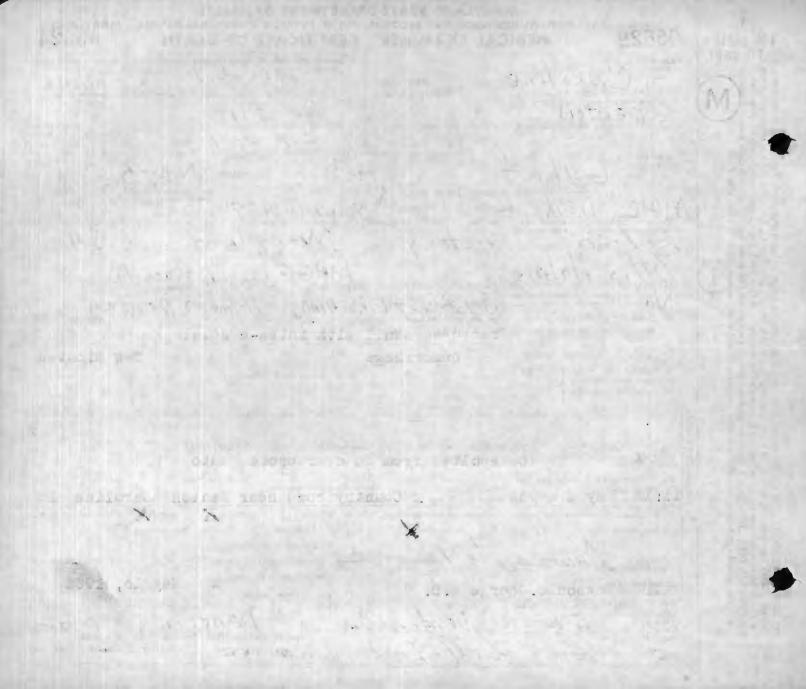
Maryland U.S.A. 13. FATHER'S NAME Charles Charles Swigett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Catherine Sarah 16. SOCIAL SECURITY NO.1 (Yes, no, or unkown) ! (Ifyesgive werordates of service) Goldsboro, Maryland Unknown Sarah Gould MEDICAL EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH Office along burial-transit PART I. DEATH WAS CAUSED BY: Acute Coronary Occlusion IMMEDIATE CAUSE (e) DUE TO removal, Conditions, it eny, which (b) "pending" gave rise to immediata causa 10 N DUE TO (e), steting the undarlying Examiner ö should be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? ecute the certificate, writing the word NO Medical 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | burial CAUSE OF DEATH. please execute the certificate, writing 4 should be forwarded to the Chief O FUNERAL DIRECTOR: Page 3 MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (State) fectory, street, office bldg., etc.) While Not While prior to at work at work 21. I certify that I took charge of the remains described above, held an Autopsy I. Inspection Inquiry and in my opinion Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 14, 1962 **EXAMINER'S** Paul Knotts NAME (Typa) Address (Street, city, lown, or county) TO DE 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22d, LOCATION (City, town, or country) (Slafa) Burial 6 Union Goldsboro, Maryl 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Classing & House 5M 9/60

RYLAND STATE DEPARTMENT OF HEALTH

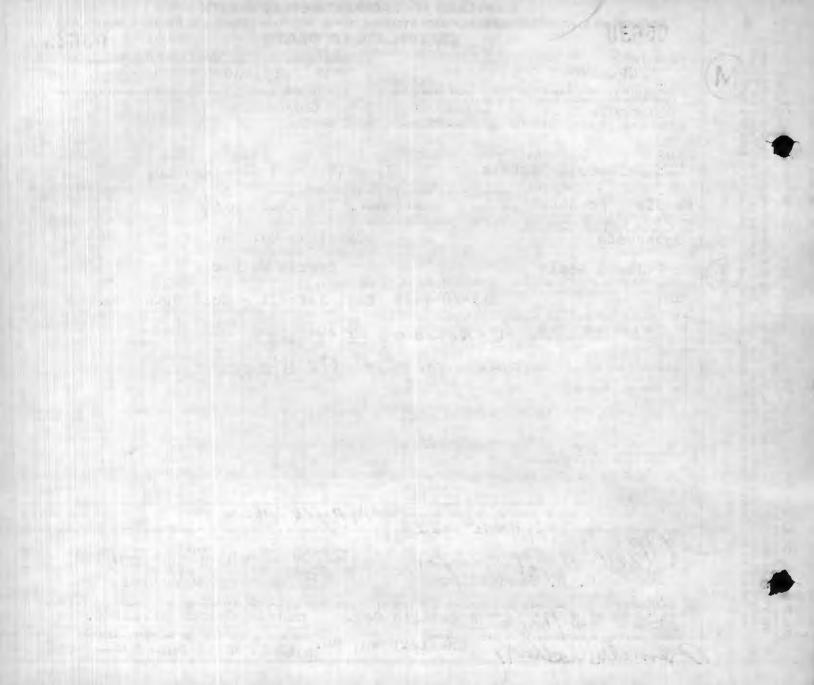
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HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY	
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MEER	b. CITY OR TOWN (if outside corporata limits, write NURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write NURAL and give nearest town)	writa RURAL and give nearest town)
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ho ho	13. FATHER'S NAME	
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TO BE	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yos, po, frunkown] [(fryasgiva war or de lasof service)]	dress
d time t	(Yas, No, Frunkown) (Hyasgiva warordetasofservice) 314-34-557 MRS, MAGG'P Holmes	Dentan
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law requires that the death

RYLAND STATE DEPARTMENT OF HEALTH



1	*		DIVISION OF STATISTICAL		301 W. PRESTON STREET, E	BALTIMORE 1, MARYLAND
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in by the lor death	IVI)		b. CITY OR TOWN (if outs de corporete limits write RURAL end give neerest town) GOLOS DOPO	30 yrs.	c. CITY OR TOWN (II outside corpor	ate limits, write RURAL and give nearest town
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attending hen plea: al, and ii		15.	John D. Phil WAS DECEASED EYER IN U.S. ARMED FORCE	CES? 16. SOCIAL SECUR TY NO 17.	Roheda Thomp	SON Address
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San. Sy th			18. CAUSE OF DEATH [Enter only one of PART I, DEATH WAS CAUSED BY	ceuse per line for (e), (b), end (c).		INTERVAL BETWEEN ONSET AND DEATH
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CTOR: UId be call the Dept.			21. I certify that (I) (this hospits saw the deceased alive on	al) attended the deceased from. y291962., and tha	May 29 1962 to	May 29, 1%2, that (I) (we) la the causes and on the date stated above
L DIRE of 3 shot			College A	3 towarfer	ATTENDING MED. PHYS. ATTENDING DIRECTOR DIRECTOR DIRECTOR	STAFF May 31, 1960
death. A 4 of CO FUNERAL I	1		NAME (Type) Charles	H.Stonesyfer, M.		, Maryland
FUI FUI		23a	BURIAL, CREMATION, 236. DATE THER	EOF 23c. NAME OF CEMETERY		TION (City, town or county) (State)
H		<u> _</u>	Burial June 1	,1962 Sharen H:	Rura Rura	L Dover, Del.
VR A15 (4) 15M 9/60	,	Ű	E. Bare Da cal	Greensboro		
		4	- Great Contraction			arily & Kings

L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15632 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15627
HEALTH DEPT	1.01167
y is necessary, and director. Page for your files, coard of Health,	• STATE Delaware b. COUNTY Kent
Page 1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate I m is, write RURAL and give nearest town)
ctor of h	write RURAL and give neerest town)
dira dira	Rural Denton Rural Dover, Del. # 10. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS d. STREET ADDRESS
funeral funeral funed fo tate Bo	None North Little Creek Road YES NO K
run fund fund State State	3. NAME OF First Middle Last 4. DATE Month Day Year
h. If ar to the be reta the S	(Type of pdnt) Martin C. Pryor DEATH Mary 24 1962
前の 丁宝 草	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
frer des 2, and 5 may d 2 w hours	Male Cau. widowed Divorced Dec. 24, 1929 32 yrs.
s 1, 2, after age 5 age 5 age 72 h	Toe. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sie'e or foreign country) 12. CITIZEN OF WHAT COUNTRY?
- 5. S - G	Plumber Plumbing New Jersey U.S.A.
C 10 'TY	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME A TITLE OF THE PROPERTY OF THE PR
3. Give Form PA	Alvin G. Pryor Francis Anderson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Address
18. To 16.	(Yes, no, or unkown) (Ifyesgivewerordatesofservice)
will will any	Yes Korea 222-18-3102 R. Wayne Pryor, Dover, Del.
exectifin lin long long long lin long l	PART I, DEATH WAS CAUSED BY: Fracture skull ONSET AND DEATH
Be a a lift a li	8 1 6 × DUE TO
should by specific a burial removal.	Conditions, if eny, which to Compound fracture left femur
r's C	geve rise to Immediate cause
icate endi nine ed a	cause lest. (c) Multiple internal injuries
This certification word "pen dical Examiruld be used cremstion, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMEDY
his c	YES NO YES
., 2 9 0 4	20e. EXTERNAL CAUSE WAS PRIMARY OF OR CONTROL 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Pert II of flow 18.) Head-on suto collision
INER	mode-on actio collision
Mary Constant	While Not While of fectory, street, order blogs, etc.)
X 호는 유 호	2: 05 May 25 19 62 of work of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
AL I	21 I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from. Natural causes , Accident , Suicide , Homicide , Undetermined manner ,
DIC a cer arde REC	CHIEF MEDICAL EVALUATION TO
ME STA	ACTUAL ASSISTANT MEDICAL EVALUATED DETERMINED
Secure the could be forward NERAL DIRI	DEPUTY MEDICAL EXAMINER W MAY 25, 1962
S PAS	NAME (Type) E. Paul Knotts, MD Address (Street, city, town, or county)
sho sho	226. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) (Stole) Burial 5-28-62 Odd Fellows Smyrna. Del
0 <u>5</u> 4 0 g	
VS. AISME	ADDRESS ADDRESS 246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Greensboro, Md. ANY 2 0 '62 Curling & Tlands
5M 9/60	J. G. Doulass Greensboro, Ma. DATE DO Continua & Thomas



MARYLAND STATE DEPARTMENT OF HEALTH O Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05628
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission e. COUNTY 4. STATE 5. COUNTY
b. CITY OR TOWN (Il outside corporate limits, write RURAL and give neerest fown) b. CITY OR TOWN (Il outside corporate limits, write RURAL and give neerest fown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest fown)
Rural Denton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Route 404 Near Denton College Park d. STREET ADDRESS ON A FARM ON A FAR
3. NAME OF DECEASED 3. NAME OF DECEASED 3. NAME OF DECEASED 4. DATE Month Dev Year
(Type or print) Robert Emory Ramsey 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Male White WIDOWED DIVORCED TO
10a. USUAL OCCUPATION IG ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY 4 Torman General Utilities Co. North Carolina U.S.A.
13. FATHER'S NAME
Samuel Ramsey Hattie M. White 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address
Yes 1948-1950 Unknown GASCH'S FUNERAL HOME Hyattsville, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Compound fracture of cranium died instantly
822 \ DUE TO Conditions, if any, which \ (b)
gave rise to immediate cause [a), stating the underlying DUE TO
cause last. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,e) 19. WAS AUTOPSY PERFORMED? YES 19. WAS AUTOPSY PERFORMED? YES NO 19. PRIMARY 19. OF CONTRIBUTING 19. PART
THEOMETICAL CHIMPTING SOLO, WILL CH TOHIGG ON HIM
Hour s.m. While Not While Gettory, street, office blogs, etc.)
21. I certify that I took charge of the remains described above, held an Autopsy Inspection I Inquiry I, and in my opinion
death resulted from: Natural causes . Accident . Su'cide . Homicide . Undetermined manner
ACTUAL SIGNATURE CAULT TO MAN 26, 1962 SIGNED
EXAMINER'S NAME (Type) Address (Street, city, town, or county) Den ton, Md
22e, BURIAL, CREMATION, 22b DATE-HICKOF CEMETERT OK CREMATORY 22d. LOCATION (City, lown, or country, [State]
Burial 5-29-62 Arlington National Washington, D.C. 230 FUNERAL DIRECTOR ADDRESS 248 REC'D BY REGISTRAR'S SIGNATURE
J. E. Boulais Treenstoro, Wd. DATEMAY 31 '62 - Thing & thing



Carroll

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

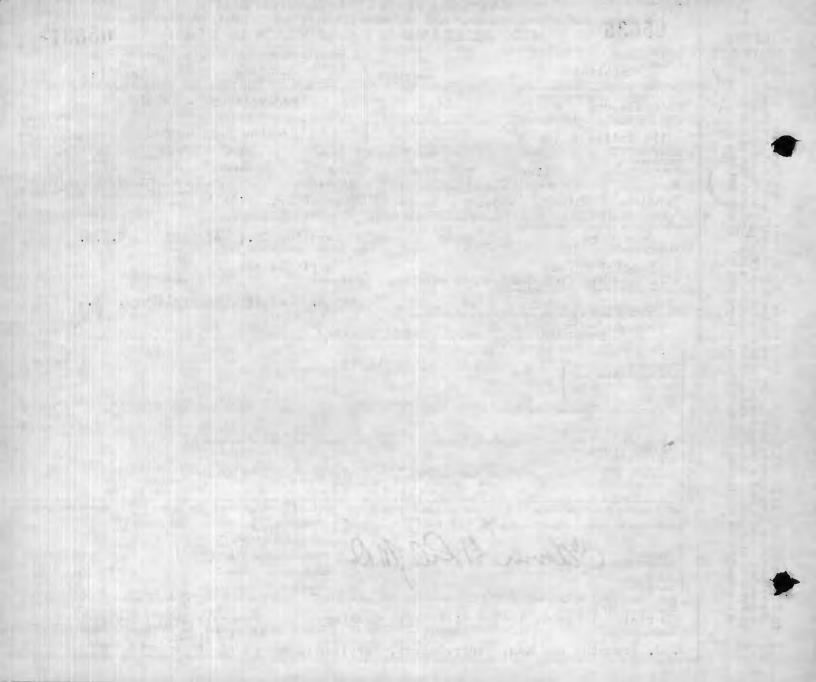


1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
¶ ▼ 2£		05635 CERTIFICATE OF DEATH (15631) Reg. Dist. No.
i. Page I directo		PLACE OF DEATH O. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) D. STATE D. COUNTY
the funeral		CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) THE X RURAL CONTROL TOWN (If outside corporate limits, write RURAL and give nearest town)
s after on the d 2 sho	X	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
illed in		NAME OF DECEASED (Type or print) LES LIE SCOTT 4. DATE Month Day Year OF DEATH MAY 25 1962
d within 2 pletely fill. rs. Pages		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years tog) birthday) Months Days Hours Min.
e be execute an and cam carban pape after death.		DO. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY STORE OWNER CROCERY MORRIAGORIAN A A A BIRTHPLACE (Stote or foreign country) VIA
		WELLERY SCOTT SOLLIE VICKERY
r certifical ing physic e remove 72 hours		S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT M. Leslie Scott Security No. 18. Leslie Secur
attending pleas		18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Prebal: The part is the
s that It I by the nit. The ny even		Conditions, if any, which) DUE TO arterie Selvines Gen Hypertan Sing Heneraling
nequire an. n signec sit pern		gove rise to immediate couse (o), stating the under lying souse lost. (c) Acadetics Mellitus.
physici nas beer rial-tran	Ò	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
tending iffcate the burner of ar rer		OR CONTRIBUTING — CAUSE OF DEATH [If EITHER, NOTIFY MEDICAL EXAMINER]
PHYSIC ol or of this cert r use os ematior		20c. TIME OF INJURY Month, Qoy, Year 20d. INJURY OCCURRED Hour a. n. While Not white of work o
NDING e haspir i: Affer iched fo erial, cr		21. I certify that I attended the deceased from 1955 to Way. 2 Ll 1902, that I last saw the deceased alive an May 2 Ll 1902, and that death occurred at M. M. from the causes and an the date stated above
R ATTE		ACTUAL Clarks (Street, city or town, stote)
should 1	1	PHYSICIAN'S CHARLES H. WINDACETT RIXELY, MIS
moy be to page 3 she registr		20. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Town, or county) (Stole) REMOVAL ISPECIAL MOY 77, 1962 173 LY (1889) 140 RBJUGTON, DET.
Vs A15 (11 15M 9/55		3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Led , DATEMAY 3 1 '62 CARRAY S FLANA ADDRESS DATEMAY 3 1 '62 CARRAY S FLANA CARRAY S SIGNATURE CARRA



		Divisign			RCH AND RECOR				, BALTIM	ORE 1, 1	MARY	LAND	1
FOR STATE		09090	WEI	DICA	L EXAMINE	R'S C	ERTIFICA	TE OF	DEATH		05	631	
HEALTH DEPT.		LACE OF DEATH				2. T	SUAL RESIDEN	CE (Whare da	coasad lived, If	institution:	Rasidan	a before a	a dmissio
Page les.	8	Caro	line		MARYLAN		. STATE	vland	b. cour	Car	olin	е	
Files Healt	B		outside corporete limits	,	c. LENGTH OF STAY IN		CITY OR TOWN		orata limits, write	RURAL an	d give r	naarast to v	wn)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	Federalsbu	give nearast town)		Life	X	Fed	eralsbu	rg - Ru	ral			
dir.	-		No.	not in hos	spital, give street address)		STREET ADDRESS			-			ESIDENC
B c c c c c c c c c c c c c c c c c c c		114 Reli	ance Avenue	2			Hou	ston Br	anch Ro	ad			A FARM
fun Stat Stat		NAME OF DECEASED	First		Middla		Last	4. DATE	Montl	1	Day	Yee	11
the the		(Type or print)	Olive		Van	W	heatley	DEATH	May	7	2	19	62
48人生事	5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DAT	OF BIRTH	9.	AGE (In years	-	ar mounted to	IF UNDER	
and de		Female	White	WIDOWE	DIVORCED	Dec	ember 27,	1873	last birthday) 98 yrs.	Months	Days	Hours	Min.
2,2, and 2 ho			ON (Give kind of work king life, even if retired	10b. K	IND OF BUSINESS OR INDI	JSTRY 11.	BIRTHPLACE (State	or foreign cou	niry)	12, CIT	IZEN O	F WHAT	COUNTR
Pag Pag		Housew		'	Home		Caroline	Co., Ma	aryland	U	.S.	Α.	
Pag A3.	13.	FATHER'S NAME				14. 7	AOTHER'S MAIDEN						
PA PA			l Horsey				Emily Si	pple					
S. G. G. Fire Svel	15. (Yes	WAS DECEASED EVE	R IN U.S. ARMED FORCE yes give were redeted of se	ES? 16. rvica)	SOCIAL SECURITY NO. 1	7. INFOR	MANT		Address				
dith distribution of the state	-	No		No		Hobar	t Z. Whea	atley,	Federals	sburg,			
in Break			EATH [Enfar only one of WAS CAUSED BY:		line for (a), (b), and (c).)							ERVAL BET	
exil j		TO LA	MMEDIATE CAUSE (a)_		Acute heart	fail	ure					_1 h	ır.
d ben in		174>	DUE TO									2	
le in gar		Conditions, if any	100		General deb	llity						1 ye	ar
ding ler's as a		(a), stating the un	DITE TO										
ifica sed n, o	7	DART II OTHER	SIGNIFICANT CONDITI	ONS CON	NTRIBUTING TO DEATH BU	NOT RELA	TED TO THE TERMI	INAL DISFASE	CONDITION GIV	FN IN PAR	T 1(a) : 1	9 WAS A	AUTOPS
Grand Control of Contr	NOL	PART II. OTTIC	SIGNIFICANT CONDIN			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1120 100 1112 1210111						ORMED?
This work	FICA	20a. EXTERNAL CA	USE WAS 1 20	b. DESCR	BE HOW INJURY OCCURE	D. (Enter no	ature of injury in Pa	rt I or Part II of	itam 18.)		1	E3	NO E
Mec Aher al, al,	CERTIFI	PRIMARY or CO											
ring pief buri		20c. TIME OF INJU	RY Month, Day, Ysai	20d.	INJURY OCCURRED 20a.		INJURY (Home, far		or town)	(Cou	unty)		(Stata)
Writ written	MEDICAL	Hour a.m.	19	While et wo		factory, str	eet, office bldg., ale	:-)					
EX ath, or thor	2	21. I certify th			nains described above	, held an	Autopsy .	Inspection	Inqui	ry 🗀.	and	in my o	pinion
A Part of the part		death resulted f				Suicide [. Homicide		determined n		7		
BE SE			(B) -1	4	11 100 1	. 0	CHIEF MEDICAL	EXAMINER []	-	_		
ed of the		ACTUAL SIGNATURE	Cleve	1/	NEW!	1 KY	ASSISTANT MEI	DICAL EXAMIN	ER		n	ATE SIG	GNED
SAI gana		EXAMINER'S		- Marie Mari	of any		DEPUTY MEDICA	L EXAMINER	X	P	lay	4, 19	162
Ne des des		NAME (Typa)					Address (Street,						
DE.K. should I FUNE its desi	22a.	BURIAL, CREMATIO REMOVAL (Specify)		OF	22c. NAME OF CEMETER	Y OR CREM	ATORY	22d. LOCAT	TION (City, lowr	, or country	/1	(Sta	te)
0 g 4 0 p		Burial	May 4, 1	962	Hill Crest	Cemet			alsburg.				
YS. AISME		FUNERAL DIRECTO			ADDRESS	4.5			RAR 24b. REC	Chur S.			
5M 9/60	-	. J. Fram	ptom and So	n, Fe	ederalsburg,	Maryl	and DATEA	1 1 4 '62	1	Auri We'	CAN BANK		

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION DE STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05637 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY 古っ Caroline Bane MARYLAND Same b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), end give nearest town) Federal Bourg ET ALS. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Central Ave. YES NO completely 3. NAME OF First 4. DATE Middle Last Month Yeer DECEASED (Type or print) Willin DEATH c Larvey 19 Pod. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) WIDOWED DIVORCED June 25 physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, eyen if retired former employee Exectsion Pearl Works Dorchester Co. Md. please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME e ettending Then please Thomas H. Willin Elizabeth Records 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT **E**моте (Yes, no, or unkown) I (If yes give we ror dates of service) Federalsburg, Md. Carrie Willin 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e DUE TO Conditions, if env. which gave rise to immediate cause DUE TO (a), slating the underlying cause last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTION GOVEN IN PART 1(6) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CERTIFICATION PERFORMED? . Lev 4/2 NO K 20b. DESCRIBE HOW INJURY OCCURED. (Enter netyre of injury in Pert I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. [City or town] (County) (Sleta) factory, street, office bldg., etc.) While Not While Hour e.m. at work et work - 4 1962 that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from io. 4 1962, and that death occured all M, from the causes and on the date stated above. saw the deceased 22b. DATE 22e. SIGNATUR SIGNED ATTENDING X PHYS. DIRECTOR PHYS. M.D. UNERA 22c. PHYSICIAN'S 22d. ADDR#55 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, lown or county) 058 REMOVAL (Speci Cemetery Poderal Boure Md GIGNATURE ADDRESS FUNERAL DIRECTOR'S VR A15 (4) DATE MAY 1 0 '62 Cirilian S. Thrace

RYLAND STATE DEPARTMENT OF HEALTH

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